

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005904

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 6

VS 300
Rev. 4/59

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USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clay Twp.</u>		Length of stay in 1b <u>21 Years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Star Route</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Claud Monroe Massey</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-14-1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	
11a. FATHER'S NAME <u>Robert Allen Massey</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Dover</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> <u>None</u>		12b. SOCIAL SECURITY NO. <u>-----</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>-----</u>		13. BIRTHPLACE (City and state or country) <u>Rector, Ark.</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Stone</u>		15. INFORMANT <u>Mrs. Clara S. Massey Gobler, Mo.</u>	
16. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-----</u>		16. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
19. TIME OF INJURY Hour <u>-----</u> a.m. <u>-----</u> p.m. <u>-----</u>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-----</u>	
20a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	
20c. CITY, TOWN, OR LOCATION <u>-----</u>		20d. COUNTY <u>-----</u>	
20e. STATE <u>-----</u>		20f. CITY, TOWN, OR LOCATION <u>-----</u>	
20g. COUNTY <u>-----</u>		20h. STATE <u>-----</u>	
21. I attended the deceased from <u>3/25/59</u> to <u>2/16/63</u> and last saw him alive on <u>2/4/63</u> Death occurred at <u>Appr 3:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>2/18/63</u>	
22a. SIGNATURE <u>R. J. Phelan MD</u>		22b. ADDRESS <u>Fornerville</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>19 Feb. 63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Dunklin Memorial Gard.</u>		23d. LOCATION (City, town, or county) <u>Kennett, Missouri</u>	
24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser., Inc.</u>		25. DATE RECD. BY LOCAL REG. <u>2/18/63</u>	
26. REGISTRAR'S SIGNATURE <u>Sue Palenske</u>		27. DATE SIGNED <u>2/18/63</u>	

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained 2/18/63
Jue Palenske

MAR 5 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tommy L. Roberts

Licensed Embalmer No. 4886

P.O. Address Kennett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.